

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

ADDRESS (number and street) ▼

1325 G Street, N.W. Suite 1000

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20005-3134

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C C00109306

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☒ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only) ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day **POST-Election** Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y Y Y

in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y 07 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y Y Y 12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Beth Rivera Cruz, Assistant Treasurer

Signature of Treasurer

Beth Rivera Cruz, Assistant Treasurer

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y Y Y 03 / 11 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		16893.87
(b) Cash on Hand at Beginning of Reporting Period.....	27393.87	
(c) Total Receipts (from Line 19)	62750.00	90750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	90143.87	107643.87
7. Total Disbursements (from Line 31)	23500.00	41000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66643.87	66643.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WHOLESALE-DEVELOPER PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DEVELOPERS

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2013

To:

M M / D D / Y Y Y Y Y
12 31 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:**(a) Individuals/Persons Other**

Than Political Committees

(i) Itemized (use Schedule A).....

52750.00

80750.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

52750.00

80750.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

10000.00

10000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

62750.00

90750.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds**(a) Non-Federal Account**

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

62750.00

90750.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

62750.00

90750.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	41000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23500.00	41000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23500.00	41000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	62750.00	90750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62750.00	90750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Full Name (Last, First, Middle Initial)

A. Sanjay Agarwal

Mailing Address 333 Ludlow Street

City State Zip Code
 Stamford CT 06902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Deloitte Consulting

Occupation

Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : SA11AI.6736

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tim Buche

Mailing Address 2 Jenner, Suite 150

City State Zip Code
 Irvine CA 92618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Motorcycle Industry Council

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 04 2013

Transaction ID : SA11AI.6751

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gana R. Dunlop

Mailing Address P. O. Box 5507

City State Zip Code
 Rockville MD 20855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Roberts Oxygen Company, Inc.

Occupation

Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 19 2013

Transaction ID : SA11AI.6720

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Full Name (Last, First, Middle Initial)

A. Peter Edelstein

Mailing Address 26403 Groesbeck Hwy

City State Zip Code
 Warren MI 48089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Laird Plastics

Occupation

Eec VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2013

Transaction ID : SA11AI.6732

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Lawrence Giglio

Mailing Address 34 N Meramec Ave

City State Zip Code
 St Louis MO 63105-1231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Graybar Electric Co Inc

Occupation

Sr. Vice President-Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2013

Transaction ID : SA11AI.6740

Amount of Each Receipt this Period

500.00

In-kind -

Full Name (Last, First, Middle Initial)

C. Randy Harwood

Mailing Address 34 N. Meramec Ave.

City State Zip Code
 Clayton MO 63105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Graybar electric Co. Inc.

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 09 2013

Transaction ID : SA11AI.6730

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Full Name (Last, First, Middle Initial)

A. Karen Kurek

Mailing Address 1 South Wacker Dr. #800

City State Zip Code
 Chicago IL 60606-3392

FEC ID number of contributing
federal political committee.

C

Name of Employer
RSM McGladrey Inc.

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2013

Transaction ID : SA11AI.6709

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Andre Lacy

Mailing Address 54 Monument Cir 6th Fl Suite 800

City State Zip Code
 Indianapolis IN 46204-2942

FEC ID number of contributing
federal political committee.

C

Name of Employer
L D I Ltd

Occupation
Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 20 / 2013

Transaction ID : SA11AI.6741

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Patrick L. Larmon

Mailing Address One City Place Drive, Suite 200

City State Zip Code
 St. Louis MO 63141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bunzl Distribution

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 11 / 2013

Transaction ID : SA11AI.6718

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 18
(check only one)

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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Full Name (Last, First, Middle Initial)

A. John Lyday

Mailing Address One City Place Drive, Suite 200

City State Zip Code
 St. Louis MO 63141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bunzl Distribution

Occupation

SR VP-HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2013

Transaction ID : SA11AI.6733

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Lyons

Mailing Address 34 North Meramec Avenue

City State Zip Code
 Clayton MO 63105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Graybar

Occupation

District VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 20 2013

Transaction ID : SA11AI.6731

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Charles Merinoff

Mailing Address 60 E 42nd St #1915

City State Zip Code
 New York NY 10165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charmer Sunbelt Group (The)

Occupation

CEO & Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 26 2013

Transaction ID : SA11AI.6722

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

WHOLESALE-DEVELOPERS PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Full Name (Last, First, Middle Initial)

A. Joseph Nettemeyer

Mailing Address 1941 Ringwood Avenue

City State Zip Code
 San Jose CA 95131

FEC ID number of contributing
federal political committee.

C

Name of Employer

VAlin Corp

Occupation

Pres/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : SA11AI.6744

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mr. William A. Parsley

Mailing Address 3750 N Liberty St

City State Zip Code
 Winston Salem NC 27105-3909

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carswell Distributing Co

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 30 2013

Transaction ID : SA11AI.6724

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Eveline Roberts

Mailing Address 14626 Chesterfield Rd

City State Zip Code
 Rockville MD 20853

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 11 2013

Transaction ID : SA11AI.6714

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

<p>Full Name (Last, First, Middle Initial) A. William P. Roberts III</p> <p>Mailing Address P. O. Box 5507</p> <p>City State Zip Code Rockville MD 20855</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Roberts Oxygen Company, Inc. President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2013</p> <p>Transaction ID : SA11AI.6717</p> <p>Amount of Each Receipt this Period 5000.00</p>		
<p>Full Name (Last, First, Middle Initial) B. Richard W. Schwartz</p> <p>Mailing Address 3110 Kettering Blvd.</p> <p>City State Zip Code Dayton OH 45439</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Win Wholesale Inc President and CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 04 / 2013</p> <p>Transaction ID : SA11AI.6725</p> <p>Amount of Each Receipt this Period 2000.00</p>		
<p>Full Name (Last, First, Middle Initial) C. Bob Taylor</p> <p>Mailing Address P.O. Box 868</p> <p>City State Zip Code Fort Wayne IN 46801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Do It Best Corp President & CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 23 / 2013</p> <p>Transaction ID : SA11AI.6713</p> <p>Amount of Each Receipt this Period 5000.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>12000.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

WHOLESALE-DEVELOPERS PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DEVELOPERS

Full Name (Last, First, Middle Initial)

A. Mr. Dirk VanDongen

Mailing Address 1325 G St NW #1000

City

Washington

State

DC

Zip Code

20005-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer

N A W

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.6746

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mr. Douglas York

Mailing Address 3441 E Harbour Dr

City

Phoenix

State

AZ

Zip Code

85034-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ewing Irrigation Products

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.6739

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Mr. Raymon A. York

Mailing Address 3441 E Harbour Dr

City

Phoenix

State

AZ

Zip Code

85034-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ewing Irrigation Products

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 04 / 2013

Transaction ID : SA11AI.6728

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WHOLESALE-DEVELOPER PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DEVELOPERS

Full Name (Last, First, Middle Initial)

A. Ms. Sue York

Mailing Address 3441 E Harbour Dr

City

Phoenix

State

AZ

Zip Code

85034-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ewing Irrigation Products

Occupation

Chairman

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 04 / 2013

Transaction ID : SA11AI.6727

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

52750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WHOLESALE-DEVELOPERS PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DEVELOPERS

Full Name (Last, First, Middle Initial)

A. ALEX LEE INC PAC

Mailing Address 120 4th Street SW

City

Hickory

State

NC

Zip Code

28602

FEC ID number of contributing
federal political committee.

C

C00371385

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 26 / 2013

Transaction ID : SA11C.6729

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MAC-PAC-USA

Mailing Address 4747 McLane Parkway

City

Temple

State

TX

Zip Code

76504

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11C.6743

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Full Name (Last, First, Middle Initial)

A. BYRNE FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Mailing Address PO BOX 2743

City	State	Zip Code
MOBILE	AL	36652

Transaction ID : SB23.6695Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

BRADLEY ROBERTS BYRNECategory/
Type

5000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Special-Primary

State: AL District: 01

Full Name (Last, First, Middle Initial)

B. COFFMAN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2013

Mailing Address 4950 S YOSEMITE STREET F2 #511

City	State	Zip Code
GREENWOOD VILLAGE	CO	80111

Transaction ID : SB23.6703Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

MICHAEL COFFMANCategory/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 06

Full Name (Last, First, Middle Initial)

C. COTTON FOR SENATE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2013

Mailing Address PO BOX 379

City	State	Zip Code
DARDANELLE	AR	72834

Transaction ID : SB23.6683Purpose of Disbursement
Political Contribution

Amount of Each Disbursement this Period

Candidate Name

THOMAS COTTONCategory/
Type

2500.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Full Name (Last, First, Middle Initial)

A. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City	State	Zip Code
CODY	WY	82414

Purpose of Disbursement
Political Contribution

Candidate Name

MICHAEL B ENZI

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WY District: 00

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2013

Transaction ID : SB23.6680

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City	State	Zip Code
CODY	WY	82414

Purpose of Disbursement
Political Contribution

Candidate Name

MICHAEL B ENZI

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WY District: 00

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2013

Transaction ID : SB23.6689

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)Mailing Address 25 E MAIN STREET
SUITE 200

City	State	Zip Code
RICHMOND	VA	23219

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2013

Transaction ID : SB23.6701

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Full Name (Last, First, Middle Initial)

A. LUKE MESSER FOR CONGRESS

Mailing Address P.O. BOX 917

City	State	Zip Code
SHELBYVILLE	IN	46176

Purpose of Disbursement
Political Contribution

Candidate Name

ALLEN LUCAS MESSER

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2013

Transaction ID : SB23.6706

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARCO RUBIO FOR US SENATE

Mailing Address PO BOX 140420

City	State	Zip Code
MIAMI	FL	33114

Purpose of Disbursement
Political Contribution

Candidate Name

MARCO RUBIO

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2013

Transaction ID : SB23.6686

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City	State	Zip Code
BLACKFOOT	ID	83221

Purpose of Disbursement
Political Contribution

Candidate Name

MICHAEL SIMPSON

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2013

Transaction ID : SB23.6698

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Full Name (Last, First, Middle Initial)

A. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City	State	Zip Code
CHARLESTON	SC	29407

Purpose of Disbursement
Political Contribution

Candidate Name

TIMOTHY E SCOTT

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: SC District: 00

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Transaction ID : SB23.6692

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1500.00

23500.00
